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Connecting Kids to Coverage

Summary of Benefits for Maryland, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 6 months	One of (D1110, D1120) per 6 Month(s) PerPatient.
Fluoride treatments (including fluoride varnishes)	X			up to 4 x year	Topical flouride varnish- Four per 12 Month(s) Per Patient. Topical application of fluoride- One of (D1203, D1204) per 6 Month(s) Per Patient.
Sealants (list any tooth-specific limits)	X			1 x lifetime	Age 0 - 20 Teeth 2 - 5, 12 - 15, 18 - 21, 28 - 31 Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay." Age 0 - 20 Teeth 2 - 5, 12 - 15, 18 - 21, 28 - 31 Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay.
Space maintainers	X			1 x every 2 years	One of (D1515, D1525) per 24 Month(s) Per Patient." One of (D1515, D1525) per 24 Month(s) Per Patient.



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Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X				One per 6 Month(s) Per Patient per (Provider or Location). One of (D0120, D0150, D0160, D0145) per 6 Month(s) Per Patient per (Provider or Location).	
X-Rays						
Bitewing	X				Limited to Ages 2-20	
Full Mouth	X					
Panoramic	X				Limited to Ages 6-20	



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Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least 36 months.Teeth 1 - 32, A - T.	
Tooth colored composite	X				Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least 36 months.Teeth 1 - 32, A - T.	
Crowns/tooth caps						
Stainless steel crowns	X				Teeth 1 - 32-One per 60 Month(s) Per Patient. Per Tooth. Teeth A-T-One per 36 Month(s) Per Patient. Per Tooth. On Prefab, covered without authorization	
Metal (only) crowns		X			One per 60 Month(s) Per Patient. Per Tooth. Pre-operative radiographs of adjacent and opposing teeth required. Ages 0 - 20. Teeth 1 - 32	



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Metal/porcelain crowns		X			One per 60 Month(s) Per Patient. Per Tooth. Pre-operative radiographs of adjacent and opposing teeth required. Ages 0 - 20. Teeth 1 - 32	
Porcelain (only) crowns		X			One per 60 Month(s) Per Patient. Per Tooth. Pre-operative radiographs of adjacent and opposing teeth required. Ages 0 - 20. Teeth 1 - 32	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				Age 0 - 20 Teeth 1 - 32, A - T	
Root canals on permanent teeth	X				One per 1 Lifetime Per Patient Per Tooth. Pre-operative and fill radiograph must be maintained in patient record.	
Gum (periodontal) therapy						
		X			Dependent on specific procedure. One of (D4341, D4342) per 24 Month(s) Per Patient, Per Quadrant. One per 24 Month(s) Per Patient. One of (D4260, D4261) per 24 Month(s) Per Patient. Per Quadrant. One per 24 Month(s) Per Patient. One of (D4210, D4211) per 24 Month(s) Per Patient. Per quadrant. One of each quadrant per 24 months.	Medicaid Members age 20 and under may qualify for orthodontic care under the Maryland Healthy Smiles



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		X			Dependent on specific procedure. One of (D4341, D4342) per 24 Month(s) Per Patient, Per Quadrant. One per 24 Month(s) Per Patient. One of (D4260, D4261) per 24 Month(s) Per Patient. Per Quadrant. One per 24 Month(s) Per Patient. One of (D4210, D4211) per 24 Month(s) Per Patient. Per quadrant. One of each quadrant per 24 months.	Dental Program. Members must have a severe, dysfunctional, handicapping malocclusion. Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspids are in good occlusion seldom qualify. Crowding alone is usually not dysfunctional in spite of the aesthetic considerations. All orthodontic services require prior authorization by one of DentaQuest's Dental Consultants.
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		X			<p>Dependent on specific procedure. One of (D4341, D4342) per 24 Month(s) Per Patient, Per Quadrant. One per 24 Month(s) Per Patient. One of (D4260, D4261) per 24 Month(s) Per Patient. Per Quadrant. One per 24 Month(s) Per Patient. One of (D4210, D4211) per 24 Month(s) Per Patient. Per quadrant. One of each quadrant per 24 months.</p>	<p>The member should present with a fully erupted set of permanent teeth. At least ½ to ¾ of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing. The Handicapping Labio-Lingual Deviations (HLD) Form (copy on preceding page) is used as the basis for determining whether a Member qualifies for orthodontic treatment. A member must score a</p>
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		X			<p>Dependent on specific procedure. One of (D4341, D4342) per 24 Month(s) Per Patient, Per Quadrant. One per 24 Month(s) Per Patient. One of (D4260, D4261) per 24 Month(s) Per Patient. Per Quadrant. One per 24 Month(s) Per Patient. One of (D4210, D4211) per 24 Month(s) Per Patient. Per quadrant. One of each quadrant per 24 months.</p>	<p>minimum of 15 points to qualify for coverage – points are not awarded for esthetics, therefore additional points for handicapping esthetics will not be considered as part of the determination. The following documentation must be submitted with the request for prior authorization services: -ADA 2006 or newer claim form with service code requested; - Diagnostic study models (trimmed) with waxbites or OrthoCAD™</p>
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		X			Dependent on specific procedure. One of (D4341, D4342) per 24 Month(s) Per Patient, Per Quadrant. One per 24 Month(s) Per Patient. One of (D4260, D4261) per 24 Month(s) Per Patient. Per Quadrant. One per 24 Month(s) Per Patient. One of (D4210, D4211) per 24 Month(s) Per Patient. Per quadrant. One of each quadrant per 24 months.	electronic equivalent: - Cephalometric head film with measurements; - Panoramic or full series periapical radiographs; - Clinical summary with diagnosis; - HLD score sheet completed and signed by the Orthodontist; and - Treatment plan
Dentures						
Partial dentures		X			One per 60 Month(s) Per Patient. Pre-operative radiographs required	
Complete dentures		X			One per 60 Month(s) Per Patient. Pre-operative radiographs required	
Bridges			X			



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	Yes	Only with prior authorization	No			
Orthodontics*						
Retainers (orthodontic)		X			One Set (included in Comprehensive Orthodontia). Replacement allowed One per Arch Per Lifetime within 24 months of date of debanding.	
Braces		X			Once per Lifetime.Must have a set of fully erupted permanent teeth with at least 1/2 to 3/4 of the clinical cown being exposed (unless the tooth is impacted or congenitally missing). Must have a severe, dysfunctional, handicapping malocclusion that meets a miniumum score of 15 on the Handicapping Labio-Lingual Deviations form (HLD).	
Oral surgery						
Simple extractions	X				Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	
Surgical extractions	X				Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	
Care of abscesses	X				D9110 palliative (emergency) treatment of dental pain - minor procedure	



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	Yes	Only with prior authorization	No			
Cleft palate treatment		X			If treatable through orthodontics.	
Cancer treatment			X		Dependent on specific procedure needed. May be covered under medical insurance.	
Treatment of fractures	X				Dependent on specific procedure needed. May require prior-authorization depending on the nature of the fracture.	
Biopsies	X				Copy of pathology report is required with claim.	
Treatment of jaw joint problems (TMJ)						
			X		Dependent on specific procedure needed. May be covered under medical insurance.	



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	Yes	Only with prior authorization	No			
Emergency room services provided by a dentist						
		X			Dependent on specific procedure needed. Facility and anesthesia charges are covered under medical insurance and should be prior authorized whenever possible.	Dependent on specific procedure needed. Facility and anesthesia charges are covered under medical insurance and should be prior authorized whenever possible. Procedures that require emergency care can be reviewed retrospectively to determine dental insurance coverage.
Inpatient Hospital Services						



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		X			All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered.	All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Additionally, the following criteria apply: Young children requiring extensive operative procedures. Patients requiring extensive dental procedures and classified as American. Society of Anesthesiologists Medically
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		X			All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered.	compromised patients whose medical history indicates that the monitoring of vital signs or the availability of resuscitative equipment is necessary during extensive dental procedures. Patients requiring extensive dental procedures with a medical history of uncontrolled bleeding, severe cerebral palsy, or other medical condition that renders in-office treatment not medically appropriate. Patients requiring extensive dental
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		X			All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered.	procedures who have documentation of psychosomatic disorders that require special treatment. Cognitively disabled individuals requiring extensive dental procedures whose prior history indicates hospitalization is appropriate.
Anesthesia						
General anesthesia		X			A maximum of 60 minutes of services are allowed. Will not be paid with D9230, D9241, D9242, or D9248. A narrative of medical necessity shall be maintained in patient records.	General anesthesia or IV sedation must meet the following criteria: Extensive or complex oral surgical procedures such as:



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General anesthesia	X				<p>A maximum of 60 minutes of services are allowed. Will not be paid with D9230, D9241, D9242, or D9248. A narrative of medical necessity shall be maintained in patient records.</p> <ul style="list-style-type: none"> • Impacted wisdom teeth. • Surgical root recovery from maxillary antrum. • Surgical exposure of impacted or unerupted cuspids. • Radical excision of lesions in excess of 1.25 cm. <p>And/or one of the following medical conditions:</p> <ul style="list-style-type: none"> • Medical condition(s) which require monitoring (e.g. cardiac problems, severe hypertension). • Underlying hazardous
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General anesthesia	X				<p>A maximum of 60 minutes of services are allowed. Will not be paid with D9230, D9241, D9242, or D9248. A narrative of medical necessity shall be maintained in patient records.</p>	<p>medical condition (cerebral palsy, epilepsy, mental retardation, including Down's syndrome) which would render patient noncompliant.</p> <ul style="list-style-type: none">• Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective.• Patients 3 years old and younger with extensive procedures to be accomplished.
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Intravenous conscious sedation	X				<p>A maximum of 60 minutes will be allowed. Will not be paid with D9220, D9221, D9230, or D9248. A narrative of medical necessity shall be maintained in patient records.</p>	<p>General anesthesia or IV sedation must meet the following criteria: Extensive or complex oral surgical procedures such as:</p> <ul style="list-style-type: none"> • Impacted wisdom teeth. • Surgical root recovery from maxillary antrum. • Surgical exposure of impacted or unerupted cuspids. • Radical excision of lesions in excess of 1.25 cm. <p>And/or one of the following medical conditions:</p>
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Intravenous conscious sedation	X				<p>A maximum of 60 minutes will be allowed. Will not be paid with D9220, D9221, D9230, or D9248. A narrative of medical necessity shall be maintained in patient records.</p> <ul style="list-style-type: none">• Medical condition(s) which require monitoring (e.g. cardiac problems, severe hypertension).• Underlying hazardous medical condition (cerebral palsy, epilepsy, mental retardation, including Down's syndrome) which would render patient noncompliant.• Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective.• Patients 3
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Intravenous conscious sedation	X				A maximum of 60 minutes will be allowed. Will not be paid with D9220, D9221, D9230, or D9248. A narrative of medical necessity shall be maintained in patient records.	years old and younger with extensive procedures to be accomplished.
Non-intravenous conscious sedation	X				A maximum of 60 minutes will be allowed. Will not be paid with D9220, D9221, D9230, or D9248. A narrative of medical necessity shall be maintained in patient records.	A maximum of 60 minutes will be allowed. Will not be paid with D9220, D9221, D9230, or D9248. A narrative of medical necessity shall be maintained in patient records.
Analgesia (nitrous oxide)	X				Will not be paid with D9220, D9221, D9241, D9242 or D9248. A narrative of medical necessity shall be maintained in patient records.	Will not be paid with D9220, D9221, D9241, D9242 or D9248. A narrative of medical necessity shall be maintained in patient records.



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* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).